



P.O. Bx 610
Broken Arrow, Ok. 74013
259.8381

Adopt-a-mile/Park Agreement

Contact Person _____

Phone Number _____

Address _____

Group or Business name _____

Agrees to hold the City of Broken Arrow harmless for all liability arising out of our participation in this program.

I acknowledge that this is a volunteer act of
(group or business name) _____

And as such, creates no liability for the City with regard to our activities for keeping our designated mile litter free. This waiver shall be effective through the duration of our commitment to the City to keep our mile clean of litter, at a minimum of four times a year, and shall become a part of the application we have submitted.

Provide exactly how I.D. plaque on your sign should read.

Mile/ Park adopted _____

Date _____

Thank You for participating in the Adopt-a-Mile/Park Program!!